

V.S. 4-100
Rev.

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(1950)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44006

BIRTH NO. REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 4128 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR Missouri City		c. CITY (If outside corporate limits, write RURAL and give township) OR Manhattan 8157	
d. FULL NAME OF HOSPITAL OR INSTITUTION In river		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Alva b. (Middle) Leland c. (Last) Cade		4. DATE OF DEATH (Month) (Day) (Year) Oct ? 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 16, 1887
9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher	11. BIRTHPLACE (State or foreign country) Butler County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Ada Halroyd Cade		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. R. Bennett Manhattan Kansas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Insanity - (Was patient at State Hosp.) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E975x			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) no river	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Missouri City Clay MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 2 1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? suicide	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE D. Pate M.D. Coroner		23b. ADDRESS North Kansas City 170	
23c. DATE SIGNED 5/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/3/51	24c. NAME OF CEMETERY OR CREMATORY Bartlesville, Olka	24d. LOCATION (City, town, or county) (State) Bartlesville, Olka
DATE REC'D BY LOCAL REG. 5/3/51	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Liberty, Mo	

(Licensed Embalmer's Statement on Reverse Side)

1951 MAY 8



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed John Pasley
Licensed Embalmer No. 4308

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.